

ETHICS REVIEW COMMITTEE

		4	Faculty of Huma		
16		<i></i>	University of Ke	v	e use only
Applie	cation	n No : / /	Date received		-
Versio		, <u> </u>	Dute Teerived		
Name	of th	e Applicant: (Prof/Dr./Mr./Ms.) .	•••••	••••••	•••••
Name 1. 2. 3.	s of t	he reviewers:			
Decisi	on of	the ERC Faculty of Humanities,	Univ. of Kelaniy	a:	
of the before applica	study e con ation opy e Cov Proc	Annex III – STUDIES INVOLV tion for ethical clearance should be converted involving CULTURAL PROPOE to appleting the application and ensure to avoid any delays in processing the CHECK LIST (Mark each of the following er letter signed by the applicant of of processing fee payment	ompleted and sign RTIES ¹ . Please rate all relevant due application.	ned by the principal in ead the instructions locuments are includements)	s carefully
3.		tter of verification/certificate(s) issue investigator(s)	ed by the relevan	t authority	1
4.		lication form			,]
5.		ex III (Cultural Properties)]
6.	03 c	opies of the following documents			7
	I	Informed Consent Form ²	Date	Version	-
		English Sinhala Tamil			
	II	Participant information sheet/ Questionnaire (if applicable) English Sinhala			

¹ The term "Cultural Properties" in this annex accepts and abides by the laws and definitions given in the UNESCO- Protection of Cultural Properties Act with regard to all the tangible and intangible cultural products. Further information is available: www.unesco.org/culture/natlaws/media/pdf/.../kp_actprotecultproprties_ engtno.pdf

Material Transfer agreement (if applicable)

7.

² Give reasons if the Informed Consent Form is prepared only in one language.

8. **Email** documents submitted (copy of signed cover letter, application form, Annex III, letter of verification/ certificate(s) (if applicable Informed Consent form, Data Sheet as a *pdf* file to erc.hu.@kln.ac.lk at the time of submission

NOTE:

All documents must carry the date and version number as a header. Your application will not be processed until all required documents are received by the ERC office. Abide

(General	Informa	ation)
(Other ar		uuioii ,

1. Title of Research Project:

-	0 ()	•		(PI) is the holder of an esearcher for the grant project)
Name (Prof./Dr./M	Mr/Ms):			
Designation (Prof.	. Senior lecture	r. Researc	h Officer etc)	
Name and the add	•	•	• • • • • • • • • • • • • • • • • • • •	tached:
Highest educations	al qualification:			
Mailing address if	different from	above:		
Phone:		mail:		
3. Location(s) wh All study sites (archinstitutions etc.,) Location		s/ museum	s/ archives/ othe	r relevant locations and
Location			site (protected if seum/ private co.	onument/ archaeological lection etc.,)
4. Investigator(s) 4. Have all the invertaining?				olicable) dy undergone the necessary Yes \(\sigma \) No \(\sigma \)
Specify all training	received:			
Name of	Training Prog	ram/	Duration	Type of training
investigator	Institution			received
5. Ethical review 5.1 Has ethical review * Attach documenta If Yes,	· · · · · · · · · · · · · · · · · · ·	een reques	ted earlier from <u>th</u>	is Ethics Review Committee? Yes \(\sum \) No \(\sup \)
Reference number				
Decision*				
Date				
5.2 Has ethical review	w for this study b	een request	ted from any other	Ethics Review Committee? Yes No No

If Yes,		
Reference number		
Decision *		
Date		
Bute		
5.2 Has this study been submicollaborator/s? If Yes,	tted to an ERC / similar body	in the country/ countries of foreign Yes No No
Reference number		
Decision *		
Date		
6. Has this project been sub	jected to scientific review?	
If Yes,		Yes No
Name and address of	the	
committee	the	
Decision *		
Date		
7. Funding for the project		
Funding Status	Source of funding	Budget (Rs.)
Funded		Budget (Ks.)
	Agency:	
Applied for funding	Agency:	
Unfunded		
If unfunded justify why no fu	inding is pooded:	
If unfunded, justify why no fu	manig is needed.	
	PART II (Research Proto	ocol)
1 D : 4 D:41 3		
1. Project Title ³		
1.1 Project duration Estimated start date: Estimated completion	date:	
1.2 Summary of the research Provide brief background, obj Please include references in the	ectives and the rationale of th	ne project (maximum one page).
1.3 Methodology		
used including the laborator	y experiments/ museum obs	procedures and techniques to be servations etc., Use flow charts to page(s) if necessary. Include the

Study design
 Study population

³ Attach as a separate document for all sections:1.1, 1.2, & 1.3

- 3. Sample size and calculation of sample size
- 4. Inclusion criteria
- 5. Exclusion criteria
- 6. Study instrument/s
- 7. Pilot study
- 8. Description of procedure(s)
- 9. Data collection (Include Data Sheet/Questionnaire)
- 10. Data analysis
- 11. Dissemination of results

PART III (Site observation)

(Studies carried out in protected monuments/archaeological sites only)

8. Observation of sites/ monuments			
8.1 What level of intervention will be involved?			
Observation of monuments			
Copying/ tracing			
Measuring of monuments			
Taking digital photographs/ video shoots			
Microscopic interventions			
Others (Please specify)			
8.2. Have you obtained the necessary permission from the rel	evant author	ities?	
*Submit documentary evidence of necessary permission	105	110	
9. Procedures and treatments			
9.1 Are there any administration of chemicals on the monuments	_		
If Yes, on what level (append additional pages if necessary):	Yes 🔛	No 📙	
Volume of chemicals expected to be applied:			
Method of administration:			
Any risks:			
Special requirement(s): Precautions to be taken by the investigator (including staff):			
recautions to be taken by the investigator (including starr).			

9.2 Please provide your justification of why you cannot perform your research without the procedure/s applied in above 9.1

PART IV (PART IV (Use of samples/ pigment/ articles) (For studies involving samples from protected cultural properties only).

10.1Justify the importance of the use of particular sample(s)/pig	gments	/particle	s in your stud	y.
10.2Provide procedure(s) for collection, storage and transportation	ion of	sample(s)	
				10.3
Will samples collected during the study be stored in a laboratory place for investigation etc.? Yes		sported to No	to a different	
If Yes, what precautions will be taken into consideration to prot	tect the	transfe	rred material?	ı
10.4 Will samples collected during the study be taken out of the storage? Yes	e count No [ry for in	vestigation or	•
If Yes, provide details of the material transfer agreement. *Submit documentary evidence of necessary permission.				
10.5Justify the reasons for transferring of data and /or materials collaborator	to the	country	of foreign	
PART V (Ethical Consideration 10. Assessment of risks/ benefits		1. a. aku du	.a	
10.1 Are there any risks to the properties that have been examin	iea in t Ye		No 🗌	
If Yes, please identify them and state how you plan to prevent o		_	_	
10.2Are there any benefits to the properties you involved in the procedures/ restoration criteria ?	study	by mear	ns of conserva	tory
	Ye	es 🗌	No 🗌	
If Yes, please specify the benefits?				
10.3Are there any risks to research team by conducting this stud	dy?			
	Ye	es 🗌	No 🗌	

If Yes, identify the risks to the investigators and state the measures to be taken to prevent or minimize these risks.
10.4 What is the procedure for dealing with adverse effects?
10.4 What is the procedure for dearing with adverse effects:
10.6 What is the procedure for reporting adverse effects?
11 Sampling/ recruitment procedure
11.1 Does the study involve the properties of vulnerable condition? Yes No
If Yes, provide justification for including a properties of vulnerable condition for the study.
11.2 How do you plan to ensure fair selection of vulnerable properties?
11.3 What is the procedure for obtaining consent?
*Submit documentary evidence of necessary permission.
12. Rights of the Cultural Properties and the use of it
12.1 What is the procedure for maintenance of data to ensure the authentic values?
*Submit documentary evidence of necessary permission.
12.3 What is the future of data to ensure the cultural identity and ethical use of the data obtained?
13. Conflicts of Interest
13.1 Will the researcher(s), members of the research team, and/or their partners or immediate family members: receive any personal benefits (e.g., financial benefit such as remuneration, intellectual property rights, rights of employment, consultancies, board membership, share ownership, stock options, etc.) as a result of or in connection with this study? Yes No
13.2 If Yes, please describe the benefits below. (Do not include conference and travel expense coverage, or other benefits which are considered standard for the conduct of research)
13.3 Are the investigators paid?
Yes No

If Yes, by whom and the amount to be paid?	
PART VI (Feasibilit	• •
14. Experience of Investigators with this type of resear	
14.1 Please provide a brief description of previous expection (i) the principal investigator, (ii) the research team and (iii) contact with the "Cultural Properties." Include the CV of study with recent publications.	i) the people who will have direct
If there has not been previous experience, please describe investigator/research team will be trained.	how the principal
5. Declaration of applicant	
As the Principal Investigator on this project, my signature procedures performed under the project will be conducted in and international policies and regulations that govern resear I understand that if there is any significant deviation from must submit an amendment to the ERC for approval prior that I significant previous decisions by this or any other ERC for the proposed study. I declare that I am not seeking commenced or has already been completed. I understand for ethics review and granting of ethics clearance. I was adverse events and side effects as requested by the ERC Formatter of the proposed study.	in accordance with all relevant national arch involving "Cultural Propertieres." in the project as originally approved I to its implementation. I have submitted and/or regulatory authorities relevant approval for a study that has already that at least two months are required ill submit progress reports/reports of
Signature of Principal Investigator	_// Date
Full name of Principal Investigator:	
Signature of Co-investigator/collaborator	_// Date
	_//
Signature of Co-investigator/collaborator	Date
	/ /
Signature of Supervisor	Date
5151141410 01 pupor visor	Duic

	//
Signature of Supervisor	Date
16.	Acknowledgment
Name of Applicant: (Prof/Dr/Mr/Ms) Title of study:	
	Office use only
Application No :// Version :	Date received/
protocol number stated above. It will be meeting on and will be	earch proposal. The proposal has been assigned the considered by the Ethics Review Committee at its assigned to three principal reviewers. The ERC may rations; additional documentation; or revisions are
Secretary Ethics Review Committee University of Kelaniya	

For office use only RISK MATRIX: VULNERABILITY AND RESEARCH RISK

12 Indicate the Risk Level for this project by checking the intersecting box

Research Risk Group Vulnerability Low Medium High				
Low Medium High	1	1	2	

Overall Risk Level :

Risk level = 1: Expedited Review; Risk level = 2 or 3: Full Board Review